



REQUEST TO PURCHASE ADDITIONAL SERVICE CREDIT

State Form 52006 (R4 / 12-04)
Approved by the State Board of Accounts, 2004

**INDIANA PUBLIC RETIREMENT SYSTEM
TEACHERS' RETIREMENT FUND**
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 526-1687 (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

Your TRF number is required on this form. Without it our agency cannot process your request. To obtain your number, send us a written request including your social security number, date of birth, current address and signature. We will mail you the information.

INSTRUCTIONS

1. MEMBER: Please complete Part 1, then forward to your employing school unit.
2. EMPLOYER: Please complete Part 2, then forward to Indiana Public Retirement System.

Part 1: Applicant Information and Authorization to Release Information

I authorize the release of any and all information as requested by the Fund pertaining to my application to purchase additional service credit with the Fund.

Member name (first, middle, last)

TRF number (**required**)

Date of Birth (mm/dd/yyyy)

Address (number and street)

City

State

ZIP

Home telephone

Other telephone

E-mail address

Number of years I wish to purchase (*Please refer to the table in the instructions for the maximum amount*)

Signature

Date (mm/dd/yyyy)

Part 2: Current Employer Information

This certifies that the above named individual is employed by us in a TRF covered position.

Title of position

Hire Date (mm/dd/yyyy)

Annual salary

Signature of authorized agent

Date (mm/dd/yyyy)

Printed name of authorized agent

Telephone number

Name of employer

School unit number

Note: Base annual salary should be given exclusive of overtime, lump-sum bonuses, travel allowances, etc.